



**PROVIDER REPORT
FOR
BASS RIVER DAY ACTIVITY
437 Essex St
Beverly, MA 01915**

April 05, 2018

Version

Provider Web Report

**Prepared by the Department of Developmental Services
OFFICE OF QUALITY ENHANCEMENT**

SUMMARY OF OVERALL FINDINGS

Provider BASS RIVER DAY ACTIVITY

Review Dates 1/25/2018 - 1/31/2018

**Service Enhancement
Meeting Date** 2/14/2018

Survey Team John Hazelton (TL)
Anne Carey
Steve Goldberg
Patty McCarthy

Citizen Volunteers

Survey scope and findings for Residential and Individual Home Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	3 location(s) 7 audit (s)	Full Review	68 / 80 2 Year License 02/14/2018 - 02/14/2020		26 / 28 Certified 02/14/2018 - 02/14/2020
Residential Services	3 location(s) 7 audit (s)			Full Review	20 / 22
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	2 location(s) 8 audit (s)	Full Review	57 / 63 2 Year License 02/14/2018 - 02/14/2020		36 / 42 Certified 02/14/2018 - 02/14/2020
Community Based Day Services	1 location(s) 4 audit (s)			Full Review	13 / 14
Employment Support Services	1 location(s) 4 audit (s)			Full Review	17 / 22
Planning and Quality Management (For all service groupings)				Full Review	6 / 6

EXECUTIVE SUMMARY :

Bass River, Inc. was established in 1972 and provides continual support and community involvement to individuals with Developmental Disabilities in Residential, Employment and Community Based Day Support (CBDS) settings. The agency's residential program consists of 11 group homes in the North Shore Area. Bass River's employment and community based day programs are located in Beverly, and two sites in Salem, Massachusetts. The Massachusetts Department of Developmental Services is one of the agency's funding sources.

This survey included a full licensing review of the agency's Residential/Individual Home Supports and Employment/Day Supports services, and a certification review of the agency's Employment and CBDS services. The agency is accredited by CARF and chose to "deem" CARF scores for the review of some certification indicators. As a result, the OQE only reviewed those certification indicators that were new or strengthened since August 2016.

Several positive practices were noted during the survey. Within the domains of community activity and relationship development, the agency demonstrated an emphasis on supporting individuals to be active in areas of interest; activities were found to be individualized, including attendance at a Celtics game, Zumba classes, and pottery classes. The agency was also found to provide support to individuals to develop new relationships, and supports existing relationships, with both family and friends. Individuals were encouraged to be contributing members of these relationships by sending birthday cards, holiday cards, and inviting others to dinner. Two individuals surveyed had goals around increasing the amount of time they spent with new and existing friends. In one instance, staff drove an individual to a local coffee shop for routine visits with family members, and another individual was supported to have "face time" contact with a sibling in another state.

Since the previous survey, the agency has taken steps to develop systems specific to money management plans. For all individuals surveyed, plans were in place and training was occurring in accordance with these individualized plans. The agency should continue its focus on ensuring that documentation of individuals' expenditures includes recording transactions as they occur. While the agency has implemented a process for monitoring the impact of medications prescribed to modify behavior, continued emphasis needs to be placed on working with prescribers to identifying specific criteria when medications can be reduced or eliminated. Of particular note is the practice of having a prescriber visit individuals two weeks prior to medication review appointments, and then having the entire agency clinical team, including staff from residential and day settings, attend the medication review appointment. By seeing the person in their own home, and receiving feedback from both day and residential providers, the prescriber was offered greater insight into the effectiveness of the medication plan.

The agency needs to dedicate further attention to several areas of services provided. On an organizational level, the agency needs to ensure the human rights committee contains members with the required expertise, and that there is a system in place to ensure participation of those members who may not be able to physically attend meetings. The agency also needs to ensure that it fully completes action plan tasks within specified timeframes. Within the residential programs surveyed, individuals were generally found to be in good health; however, the agency needs to place increased focus on ensuring that routine preventive screening occur in accordance with the Preventative Health Recommendations in the DDS Health Promotion and Coordination Initiative, and that specialized dietary requirements are identified, developed on an individualized basis, and followed by staff. The agency also needs to assign further attention to generalized functions such as ensuring emergency fact sheets contain all required information, supervision occurs at frequencies consistent with agency policy, and that ISP assessments and support strategies are submitted in accordance with DDS timeline requirements. Support to individuals also needs further attention, ensuring that individuals have input into the hiring and evaluation of staff. While many supporters were found to be generally

knowledgeable about what individuals' desires were in relation to companionship and intimacy, there was an absence of an agency policy and identified internal and/or external resources available to supporters; this type of information is necessary for supporters to accurately identify the needs and desires of individuals, and to have the means to support advancement of goals in this area.

Within the agencies employment and CBDS programs, individuals were generally found to be in good health, and when spending time in the community, were noted to be participating in activities of interest. Individuals specifically noted enjoying activities related to the agency's roof top garden, including planting, picking, and preparing recipes with harvested produce. Also described were trips to the Topsfield Fair, and taking classes in karate and yoga. The agency has not renewed its Department of Labor certificate to pay sub-minimum wage; all individuals surveyed who engaged in group employment were found to be paid at least minimum wage.

Several areas requiring further attention within the day services grouping were identified during the survey. The agency has a position dedicated to job development, however more emphasis needs to be placed on developing relationships with local businesses to facilitate job development opportunities. At this point in time, only group employment opportunities are actively being sought; particular attention should be paid to developing individualized opportunities, specifically in career paths or jobs identified by individuals currently being served by the agency. Further efforts also need to be directed towards making inroads into existing job sites, in such ways as expanding levels of integration of groups to fully utilize shared work spaces with non-disabled co-workers, and whenever possible, supporting individuals to work in settings and at times that allow them to work alongside non-disabled co-workers. In addition to physical integration, individuals should be supported to become part of the workplace culture; this begins with staff having knowledge of the specific social culture and climate of the industry in which the person works, and then assisting individuals to assimilate into that culture. In addition, the agency needs to develop plans to fade supports to the minimal but sufficient level for individuals to be successful. Finally, while the agency utilized interaction between prospective employees and individuals for hiring assessment purposes, the agency needs to develop procedures to incorporate the input of individuals served when hiring new staff, and evaluating the performance of existing staff.

Based on the findings of this survey review, Bass River's Residential Services/Individual Home Supports service group met 85% of licensing indicators, including all critical indicators and will receive a Two Year License for Residential/Individual Home Supports. The agency is also certified within this service grouping, meeting 93% of certification indicators inclusive of DDS and CARF outcomes. The OQE will conduct follow-up on those licensure indicators that received a not met rating within 60 days of the Service Enhancement Meeting. The agency will receive a Two Year License for Employment and Day Supports, meeting 90% of licensing indicators, including all critical indicators. The agency is also certified within this service group, meeting 86% of the certification indicators inclusive of both DDS and CARF outcomes. The agency will conduct its own follow-up on all licensing indicators not met during this survey, and report the results to the OQE within 60 days of the Service Enhancement Meeting.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	6/9	3/9	
Residential and Individual Home Supports	62/71	9/71	
Residential Services			
Critical Indicators	8/8	0/8	
Total	68/80	12/80	85%
2 Year License			
# indicators for 60 Day Follow-up		12	

	Met / Rated	Not Met / Rated	% Met
Organizational	6/9	3/9	
Employment and Day Supports	51/54	3/54	
Employment Support Services Community Based Day Services			
Critical Indicators	8/8	0/8	
Total	57/63	6/63	90%
2 Year License			
# indicators for 60 Day Follow- up		6	

Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L4	Action is taken when an individual is subject to abuse or neglect.	For one of two action plans reviewed, the agency had not fully completed the tasks within the identified timeframe. The agency needs to ensure that action plans are fully completed within the identified timeframes.
L48	The agency has an effective Human Rights Committee.	The agency's Human Rights Committee did not meet regulatory requirements in committee membership attendance. The agency needs to ensure that members with the required legal, medical, and clinical expertise participate in meetings. The agency also needs to ensure that there is a system to enable absent committee members to participate in the functioning of the committee.
L65	Restraint reports are submitted within required timelines.	Four of the five restraints reports generated over the past 13 months had not been either created within three days, or reviewed by the Restraint Manager within five days. The agency needs to ensure that restraint reports are submitted within the required timelines.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	For three individuals surveyed, Emergency Fact Sheets did not contain all current and accurate information such as diagnoses and/or weight. The agency needs to ensure that Emergency Fact Sheets are current and include identifying information such as age, weight, general physical characteristics, diagnoses and current medications.
L20	Exit doors are easily operable by hand from inside without the use of keys.	For one location surveyed, an exit door contained a lock that was not easily operable by hand. The agency needs to ensure that exit doors are easily operable by hand from inside without the use of a key.
L22	All appliances and equipment are operational and properly maintained.	For one location surveyed, an appliance was not properly maintained. The agency needs to ensure all appliances are clean, operational, and properly maintained.
L35	Individuals receive routine preventive screenings.	For three individuals surveyed, some routine preventative screenings had not occurred. The agency needs to ensure that routine health screenings occur as outlined in the DDS Preventative Health Recommendations in the Health Promotion and Coordination Initiative, or that staff can explain why the physician did not conduct them.
L39	Special dietary requirements are followed.	For one individual surveyed, an individualized dietary protocol was not in place. The agency needs to ensure that when special dietary requirements are needed, they are in place, and that staff consistently follow them.
L69	Individual expenditures are documented and tracked.	Financial procedures must reflect that transactions are being documented in real time, on a cash-in, cash out basis. When resources are withdrawn from cash-on-hand, a record of what was taken out must be reflected on the transaction sheet, and balanced later with a receipt and change back into the account.
L85	The agency provides ongoing supervision, oversight and staff development.	For one location surveyed, supervision was not occurring in accordance with the agency policy. The agency needs to ensure that supervision occurs in accordance with agency policy.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For two individuals surveyed, assessments were not submitted in preparation for the ISP 15 days in advance as required. The agency needs to ensure that assessments are submitted in preparation for the ISP 15 days prior to the ISP in accordance with regulatory requirements.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For three individuals surveyed, Support Strategies were not submitted in preparation for the ISP 15 days in advance as required. The agency needs to ensure that Support Strategies are submitted in preparation for the ISP 15 days prior to the ISP in accordance with regulatory requirements.

Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L78	Staff are trained to safely and consistently implement restrictive interventions.	The agency needs to ensure that when restrictive practices are in place, all staff are fully aware of and are implementing all aspects of the safety protocol (for example, counting locked sharp knives) as outlined in the written plan.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For two individuals surveyed, assessments were not submitted in preparation for the ISP 15 days in advance as required. The agency needs to ensure that assessments are submitted in preparation for the ISP 15 days prior to the ISP in accordance with regulatory requirements.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For three individuals surveyed, Support Strategies were not submitted in preparation for the ISP 15 days in advance as required. The agency needs to ensure that Support Strategies are submitted in preparation for the ISP 15 days prior to the ISP in accordance with regulatory requirements.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Residential and Individual Home Supports	20/22	2/22	
Residential Services	20/22	2/22	
TOTAL	26/28	2/28	93%
Certified			

	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management	6/6	0/6	
Employment and Day Supports	30/36	6/36	
Community Based Day Services	13/14	1/14	
Employment Support Services	17/22	5/22	
TOTAL	36/42	6/42	86%
Certified			

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	For three individuals surveyed there were limited opportunities for involvement in the hiring and ongoing evaluation of their supporters. The agency needs to develop a system to obtain feedback in this regard reflective of people's communication abilities.

Residential Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C12	Individuals are supported to explore, define, and express their need for intimacy and companionship.	For six out of seven individuals surveyed, evidence of the agency supporting individuals to explore, define and express their need for intimacy and companionship was not in place. The agency did not have a policy regarding supports for people in this area. 'At a minimum, basic education needs to be offered to staff to ensure that staff are supporting and recognizing individuals as sexual beings who have a basic human right to engage in relationships of their own choosing. The agency needs to ensure that it supports individuals to explore, define and express their need for intimacy and companionship. 'Any education/training must be geared to the learning style and needs of the individual. In addition, there are a number of curriculums available that can be utilized to train staff and individuals in this topic.

Community Based Day Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	For four out of four individuals, there was no opportunity for participation in the hiring process of staff. The agency needs to ensure that individuals are given the opportunity to be involved in the hiring of support staff.

Employment Support Services- Areas Needing Improvement on Standards not met:

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	For four out of four individuals, there was no opportunity for participation in the hiring process of staff. The agency needs to ensure that individuals are given the opportunity to be involved in the hiring of support staff.
C28	Staff maintain and develop relationships with local businesses in order to facilitate job development opportunities.	Interviews with staff and review of documentation did not identify the agency's efforts to maintain and develop relationships with local businesses in order to facilitate job development opportunities for individuals. The agency needs to ensure that it cultivates a group/base of local businesses that they

		are working with that are willing to hire interested individuals. In addition, the agency needs to work with local businesses to directly hire individuals who have proven successful in group supported employment ventures.
C30	Individuals are supported to work in integrated job settings.	For four out of four individuals, a review of group employment opportunities available did not demonstrate work opportunities in integrated settings being available. The agency needs to ensure that employment opportunities afford individuals the opportunity to work in integrated settings which are absent of a congregation of workers with disabilities; rather individuals should have opportunity to work, socialize and interact with their non-disabled counterparts as part of their daily routine. The agency also needs to ensure that future planning for employment opportunities promotes integration.
C34	The agency provides the optimal level of support to promote success with a specific plan for minimizing supports.	For four out of four individuals, evidence of the agency providing the optimal level of support to promote success with a specific plan for minimizing supports was not in place. The agency needs to ensure that assessments of each individual's performance must be done routinely, with discussion or the plan for reduction of those supports over time. The level of supports must be adjusted and consistent with the individual's current performance assessment.
C50	Individuals are supported to understand and become a part of the culture of the workplace (including workplace social activities and events).	For four out of four individuals, group employment opportunities in which individuals participated did not fulfill the concept of individuals being a part of the workplace culture. Group employment opportunities were small enclave type experiences where individuals were not immersed in the wider workforce of businesses. The agency needs to ensure that all opportunities for employment allow for the immersion of individuals in typical workplace culture at each place of employment.

MASTER SCORE SHEET LICENSURE

Organizational: BASS RIVER DAY ACTIVITY

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
R L2	Abuse/neglect reporting	5/5	Met
L3	Immediate Action	14/14	Met
L4	Action taken	1/2	Not Met(50.0 %)
L48	HRC	0/1	Not Met(0 %)
L65	Restraint report submit	1/5	Not Met(20.0 %)
L74	Screen employees	4/4	Met
L75	Qualified staff	2/2	Met
L76	Track trainings	14/14	Met
L83	HR training	14/14	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L1	Abuse/n eglect training	I	6/7						6/7	Met (85.71 %)
L4	Action taken	L	1/1						1/1	Met
L5	Safety Plan	L	3/3						3/3	Met
R L6	Evacuati on	L	3/3						3/3	Met
L7	Fire Drills	L	3/3						3/3	Met
L8	Emerge ncy Fact Sheets	I	4/7						4/7	Not Met (57.14 %)
L9	Safe use of equipm ent	L	3/3						3/3	Met
R L11	Require d inspecti ons	L	3/3						3/3	Met
R L12	Smoke detector s	L	3/3						3/3	Met
R L13	Clean location	L	3/3						3/3	Met
L14	Site in good repair	L	3/3						3/3	Met
L15	Hot water	L	3/3						3/3	Met
L16	Accessi bility	L	3/3						3/3	Met
L17	Egress at grade	L	3/3						3/3	Met
L18	Above grade egress	L	3/3						3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L19	Bedroom location	L	2/2						2/2	Met
L20	Exit doors	L	2/3						2/3	Not Met (66.67 %)
L21	Safe electrical equipment	L	3/3						3/3	Met
L22	Well-maintained appliances	L	2/3						2/3	Not Met (66.67 %)
L23	Egress door locks	L	3/3						3/3	Met
L24	Locked door access	L	3/3						3/3	Met
L25	Dangerous substances	L	3/3						3/3	Met
L26	Walkway safety	L	3/3						3/3	Met
L28	Flammables	L	3/3						3/3	Met
L29	Rubbish/combustibles	L	3/3						3/3	Met
L30	Protective railings	L	3/3						3/3	Met
L31	Communication method	I	7/7						7/7	Met
L32	Verbal & written	I	7/7						7/7	Met
L33	Physical exam	I	7/7						7/7	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L34	Dental exam	I	7/7						7/7	Met
L35	Preventive screenings	I	4/7						4/7	Not Met (57.14 %)
L36	Recommended tests	I	7/7						7/7	Met
L37	Prompt treatment	I	7/7						7/7	Met
R L38	Physician's orders	I	5/6						5/6	Met (83.33 %)
L39	Dietary requirements	I	2/3						2/3	Not Met (66.67 %)
L40	Nutritional food	L	3/3						3/3	Met
L41	Healthy diet	L	3/3						3/3	Met
L42	Physical activity	L	3/3						3/3	Met
L43	Health Care Record	I	7/7						7/7	Met
L44	MAP registration	L	3/3						3/3	Met
L45	Medication storage	L	3/3						3/3	Met
R L46	Med. Administration	I	7/7						7/7	Met
L47	Self medication	I	6/7						6/7	Met (85.71 %)
L49	Informed of human rights	I	7/7						7/7	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L50	Respectful Comm.	L	3/3						3/3	Met
L51	Possessions	I	7/7						7/7	Met
L52	Phone calls	I	7/7						7/7	Met
L53	Visitation	I	7/7						7/7	Met
L54	Privacy	L	3/3						3/3	Met
L55	Informed consent	I	1/1						1/1	Met
L61	Health protection in ISP	I	4/4						4/4	Met
L62	Health protection review	I	4/4						4/4	Met
L63	Med. treatment plan form	I	6/7						6/7	Met (85.71 %)
L64	Med. treatment plan rev.	I	6/7						6/7	Met (85.71 %)
L67	Money mgmt. plan	I	7/7						7/7	Met
L68	Funds expenditure	I	7/7						7/7	Met
L69	Expenditure tracking	I	0/7						0/7	Not Met (0 %)
L70	Charges for care calc.	I	7/7						7/7	Met
L71	Charges for care appeal	I	7/7						7/7	Met

Ind. #	Ind.	Loc. or Indiv .	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L77	Unique needs training	I	7/7						7/7	Met
L78	Restricti ve Int. Training	L	1/1						1/1	Met
L79	Restrain t training	L	1/1						1/1	Met
L80	Sympto ms of illness	L	3/3						3/3	Met
L81	Medical emerge ncy	L	3/3						3/3	Met
R L82	Medicati on admin.	L	3/3						3/3	Met
L84	Health protect. Training	I	3/4						3/4	Met
L85	Supervi sion	L	2/3						2/3	Not Met (66.67 %)
L86	Require d assess ments	I	5/7						5/7	Not Met (71.43 %)
L87	Support strategi es	I	5/7						5/7	Not Met (71.43 %)
L88	Strategi es implem ented	I	6/7						6/7	Met (85.71 %)

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L90	Personal space/bedroom privacy	I	6/7						6/7	Met (85.71 %)
#Std. Met/# 71 Indicator									62/71	
Total Score									68/80	
									85.00%	

Employment and Day Supports:

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	4/4		4/4	8/8	Met
L5	Safety Plan	L			1/1	1/1	Met
R L6	Evacuation	L			1/1	1/1	Met
L7	Fire Drills	L			1/1	1/1	Met
L8	Emergency Fact Sheets	I	4/4		4/4	8/8	Met
L9	Safe use of equipment	L	1/1		1/1	2/2	Met
L10	Reduce risk interventions	I			1/1	1/1	Met
R L11	Required inspections	L			1/1	1/1	Met
R L12	Smoke detectors	L			1/1	1/1	Met
R L13	Clean location	L			1/1	1/1	Met
L14	Site in good repair	L			1/1	1/1	Met
L15	Hot water	L			1/1	1/1	Met
L16	Accessibility	L			1/1	1/1	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L17	Egress at grade	L			1/1	1/1	Met
L18	Above grade egress	L			1/1	1/1	Met
L20	Exit doors	L			1/1	1/1	Met
L21	Safe electrical equipment	L			1/1	1/1	Met
L22	Well-maintained appliances	L			1/1	1/1	Met
L25	Dangerous substances	L			1/1	1/1	Met
L26	Walkway safety	L			1/1	1/1	Met
L28	Flammables	L			1/1	1/1	Met
L29	Rubbish/combustibles	L			1/1	1/1	Met
L30	Protective railings	L			1/1	1/1	Met
L31	Communication method	I	4/4		4/4	8/8	Met
L32	Verbal & written	I	4/4		4/4	8/8	Met
L37	Prompt treatment	I	4/4		4/4	8/8	Met
R L38	Physician's orders	I	1/1		3/3	4/4	Met
L39	Dietary requirements	I			1/1	1/1	Met
L44	MAP registration	L			1/1	1/1	Met
L45	Medication storage	L			1/1	1/1	Met
R L46	Med. Administration	I	1/1		2/2	3/3	Met
L49	Informed of human rights	I	4/4		4/4	8/8	Met
L50	Respectful Comm.	L	1/1		1/1	2/2	Met
L51	Possessions	I	4/4		4/4	8/8	Met
L52	Phone calls	I	4/4		4/4	8/8	Met

Ind. #	Ind.	Loc. or Indiv.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L54	Privacy	L	1/1		1/1	2/2	Met
L55	Informed consent	I			4/4	4/4	Met
L56	Restrictive practices	I			4/4	4/4	Met
L61	Health protection in ISP	I			3/3	3/3	Met
L62	Health protection review	I			3/3	3/3	Met
L67	Money mgmt. plan	I			2/2	2/2	Met
L68	Funds expenditure	I			2/2	2/2	Met
L69	Expenditure tracking	I			2/2	2/2	Met
L77	Unique needs training	I	4/4		4/4	8/8	Met
L78	Restrictive Int. Training	L			0/1	0/1	Not Met (0 %)
L79	Restraint training	L			1/1	1/1	Met
L80	Symptoms of illness	L			1/1	1/1	Met
L81	Medical emergency	L			1/1	1/1	Met
R L82	Medication admin.	L			1/1	1/1	Met
L84	Health protect. Training	I			3/3	3/3	Met
L85	Supervision	L			1/1	1/1	Met
L86	Required assessments	I	1/2		3/4	4/6	Not Met (66.67 %)
L87	Support strategies	I	1/2		2/4	3/6	Not Met (50.0 %)

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L88	Strategies implemented	I	3/3		4/4	7/7	Met
#Std. Met/# 54 Indicator						51/54	
Total Score						57/63	
						90.48%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	1/1	Met
C3	Service satisfaction	1/1	Met
C4	Utilizes input from stakeholders	1/1	Met
C5	Measure progress	1/1	Met
C6	Future directions planning	1/1	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/4	Not Met (0 %)
C8	Family/guardian communication	4/4	Met
C13	Skills to maximize independence	4/4	Met
C37	Interpersonal skills for work	4/4	Met
C40	Community involvement interest	4/4	Met
C41	Activities participation	3/4	Met
C42	Connection to others	4/4	Met
C43	Maintain & enhance relationship	4/4	Met
C44	Job exploration	4/4	Met
C45	Revisit decisions	4/4	Met
C46	Use of generic resources	4/4	Met

Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C47	Transportation to/ from community	4/4	Met
C51	Ongoing satisfaction with services/ supports	4/4	Met
C54	Assistive technology	4/4	Met

Employment Support Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/4	Not Met (0 %)
C8	Family/guardian communication	4/4	Met
C22	Explore job interests	4/4	Met
C23	Assess skills & training needs	4/4	Met
C24	Job goals & support needs plan	4/4	Met
C25	Skill development	4/4	Met
C26	Benefits analysis	4/4	Met
C27	Job benefit education	4/4	Met
C28	Relationships w/businesses	0/1	Not Met (0 %)
C29	Support to obtain employment	4/4	Met
C30	Work in integrated settings	0/4	Not Met (0 %)
C31	Job accommodations	4/4	Met
C32	At least minimum wages earned	1/1	Met
C33	Employee benefits explained	4/4	Met
C34	Support to promote success	0/4	Not Met (0 %)
C35	Feedback on job performance	4/4	Met
C36	Supports to enhance retention	4/4	Met
C37	Interpersonal skills for work	4/4	Met
C47	Transportation to/ from community	4/4	Met
C50	Involvement/ part of the Workplace culture	0/4	Not Met (0 %)
C51	Ongoing satisfaction with services/ supports	4/4	Met
C54	Assistive technology	3/4	Met

Residential Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	3/7	Not Met (42.86 %)
C8	Family/guardian communication	7/7	Met
C9	Personal relationships	7/7	Met
C10	Social skill development	7/7	Met
C11	Get together w/family & friends	7/7	Met
C12	Intimacy	1/7	Not Met (14.29 %)
C13	Skills to maximize independence	7/7	Met
C14	Choices in routines & schedules	7/7	Met
C15	Personalize living space	3/3	Met
C16	Explore interests	7/7	Met
C17	Community activities	7/7	Met
C18	Purchase personal belongings	7/7	Met
C19	Knowledgeable decisions	7/7	Met
C20	Emergency back-up plans	3/3	Met
C46	Use of generic resources	7/7	Met
C47	Transportation to/ from community	7/7	Met
C48	Neighborhood connections	7/7	Met
C49	Physical setting is consistent	3/3	Met
C51	Ongoing satisfaction with services/ supports	7/7	Met
C52	Leisure activities and free-time choices /control	7/7	Met
C53	Food/ dining choices	7/7	Met
C54	Assistive technology	6/7	Met (85.71 %)